



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Bluffton Regionalmedicalcentercarecenter

Email Address: brent.parsons@blufftonregional.com

Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |             |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue   | \$65236848  |
| Outpatient Patient Service Revenue  | \$130233747 |
| Total Gross Patient Service Revenue | \$195470595 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$159399534 |
| Other Deductions      | \$383135    |
| Total Deductions      | \$159782669 |

3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$35677926 |
| Other Operating Revenue     | \$699868   |
| Total Operating Revenue     | \$36377794 |

4. Operating Expenses

|                               |            |                   |            |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages            | \$13041682 | Employee Benefits | \$3339266  |
| Depreciation and Amortization | \$3392366  | Interest Expense  | \$23790    |
| Bad Debt                      | \$1032973  | Other Expenses    | \$15682464 |
| Total Operating Expenses      | \$36512541 |                   |            |

5. Net Revenue and Expenses

|                                   |           |                   |            |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses      | \$-134747 | Total Assets      | \$33318948 |
| Net Non-operating Gains over Loss | \$-274225 | Total Liabilities | \$29868048 |

|                 |           |
|-----------------|-----------|
| Total Net Gains | \$-408972 |
|-----------------|-----------|

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| Statement Two: Contractual Allowance |
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| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$65505423            | \$59119806            | \$6385617                     |
| Medicaid         | \$30562002            | \$26664288            | \$3897714                     |
| Other Government | \$2660388             | \$2307072             | \$353316                      |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$96732781            | \$71691502            | \$25041279                    |
| Total            | \$195460594           | \$159782668           | \$35677926                    |

|                                      |
|--------------------------------------|
| Statement Three: Donations Statement |
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|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$0                         | \$0                     |

|                                    |
|------------------------------------|
| Statement Four: Research Statement |
|------------------------------------|

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0                        | \$0                         | \$0                     |

|                                     |
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| Statement Five: Education Statement |
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| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$0                         | \$0                     |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$0                         | \$0                     |

|   |     |
|---|-----|
| Number of Medical Professionals Trained                 | \$0 |
| Number of Hospital Patients Educated                    | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

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| Statement Six: Charity Statement |
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|                          |          |
|--------------------------|----------|
| Hospital Charity Charges | \$482403 |
|--------------------------|----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$88241                |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$88241                | \$-88241                       |
| Medicaid Shortfalls       | \$3897714             | \$5590423              |                                |
| Subtotal                  | \$3897714             | \$5678664              | \$-1780950                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$3897714             | \$5678664              | \$-1780950                     |
| Medicare Shortfalls       | \$6385617             | \$11982299             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$10283331            | \$17660963             | \$-7377632                     |

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| Statement Seven: Subsidized Health Services for the Community |
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|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$0                         | \$0                     |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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